

**CITY OF ROCHESTER
DEFERRED ASSESSMENT APPLICATION**

INFORMATION REQUIRED

The following information is required when completing the Deferred Assessment Form for the City of Rochester.

1. Driver's License, Birth Certificate or other documentation to verify age of applicant.
2. A copy of the most recent federal tax filing form to determine income eligibility. If you no longer file income taxes, please provide us with a Social Security Benefit Statement and indicate any other income sources.
3. If applying for disability status, a statement by a medical doctor or a copy of a social security disability certification.

Note: The application must be filed with the City Clerk within 60 days of the Council approval of the assessment.

Please return the attached application forms along with any other documentation requested to:
City Clerk's Office
City Hall
201 4th Street SE
Rochester MN 55904

If you have any questions about the application form or documentation required, please call the City Clerk's Office at 507-285-8086

CITY OF ROCHESTER DEFERRED ASSESSMENT APPLICATION FORM

Pursuant to Minnesota Statutes §§ 435.193 through 435.195, a homesteaded property owned by a person 65 years of age or older, or a person retired by virtue of a permanent physical disability is eligible for deferral of that assessment provided that the standards established by the City of Rochester Common Council are met.

Property Owner Name _____

Property Address _____

Property PIN Number _____

Property Legal Description _____

(Found on property tax statement)

Assessment Project Number _____

Assessment Amount \$ _____

Property Owner Signature

Date

This application must be filed with the City within 60 days of the date of Council approval of the Assessment project.

AUTHORIZATION FOR DEFERRAL OF SPECIAL ASSESSMENTS PURSUANT TO MINNESOTA STATUTES, SECTION 435.194

STATE OF MINNESOTA)
County of Olmsted

I, _____, declare under penalties of perjury that I reside at _____ and that I am the owner of the property legally described as listed above and which is identified by the PIN number listed above.

Property Owner Signature

Date

This portion to be filled out by City

I, _____ of the City of Rochester in Olmsted County, State of Minnesota do hereby certify that the application of _____ above named, has been duly reviewed and that in accordance with the deferred assessment policies of the City of Rochester was duly approved on _____.

That in accordance with approval granted, that the special assessments on the above described property in the amount of \$_____, should be deferred with interest at the annual rate of ____%, until such time as it is deemed the applicant no longer qualifies or the property loses its eligibility.

City Representative Signature

Date

City Administrator's Signature

Date

ADDITIONAL INFORMATION NEEDED FROM APPLICANT

Property Owner Name_____

Property Address_____

Home Phone Number _____

Property Owner Age_____

(Verified by Drivers License, Birth Certificate or other documentation)

Household Income (annual) _____

Do you file income tax returns? _____

Please provide a copy of most recent year federal income tax return. If you no longer file income taxes, please provide us with a Social Security Benefit Statement and indicate any other income sources.

For persons claiming eligibility by virtue of permanent physical disability, documentation must be provided with the application. Documentation may consist of a medical doctor's written statement, social security disability certification or other verifying documentation.

Property Owner Signature

Date

RIGHTS OF SUBJECTS OF GOVERNMENT DATA
DEFERRED ASSESSMENT PROGRAM
“TENNESSEN WARNING”

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION

PRIVATE – SOCIAL SECURITY INFORMATION, AGE, INCOME LEVEL, MEDICAL DATA, HOME TELEPHONE NUMBER (MS 13.355 and MS 13.37(a))

The information collected and required from you is to determine your eligibility for a City of Rochester deferred assessment program. If you do not supply the required information, the City of Rochester will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the deferred assessment program. Persons or agencies with whom this information may be shared include:

CITY AND COUNTY PERSONNEL INVOLVED IN DETERMINING ELIGIBILITY AND RECORDING OF APPROVAL, CONTRACTED PUBLIC AUDITORS AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.
THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.
THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.

To exercise these rights, contact the City Clerk’s Office, Room135, City Hall, Rochester, MN. 55904

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Signature of Data Subject)

(Date)

White Copy - City Clerk's Office

Buff Copy - Applicant